

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1345

1. PLACE OF DEATH

County Jackson
Township East
City Jackson City (No. 219)

Registration District No. 399
Primary Registration District No. 1002
(No. W. 58th St.)

File No. _____
Registered No. 388
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 219 West 38th St., 5 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. J. Armstrong</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25 - 1871</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>7</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
13. NAME <u>Samuel S. Cox</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
15. MAIDEN NAME <u>Sarah Huffman</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
17. INFORMANT (ADDRESS) <u>H. J. Armstrong</u> <u>219 W. 38th</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Hope Cemetery</u> DATE <u>Feb 2</u> , 19 <u>32</u>
19. UNDERTAKER (ADDRESS) <u>Wagner Funeral Home</u> <u>294 W. Kansas</u>
20. FILED <u>2/10</u> , 19 <u>32</u> <u>M. M. C.</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1932
22. I HEREBY CERTIFY That I attended deceased from March, 1930, to January 31, 1937
I last saw her alive on January 31, 1937. Death is said to have occurred on the date stated above, at 6:10 P. M.
The principal cause of death and related causes of importance were as follows:

A paralytic stroke in March 1930 involving entire left side.
She developed a mitral lesion of the heart, with kidney complications.
Other contributory causes of importance: died in coma

92192 (A)
82112 (A)
Name of operation 4 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) D. M. Wallace, D.O., M. D.
(Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2025 RELEASE UNDER E.O. 14176

